

**Work Order ID 108201****\*108201\***

Page 1

October-08-13 11:09:39 AM

Item ID:	646.3813	Accept	<b>*N900040100*</b>	Setup	Start	<b>*NS1*</b>	
Revision ID:				Stop		<b>*NS2*</b>	
Item Name:	Strut Bracket						
Start Date:	10/08/13	Start Qty:	4.00	<b>*4*</b>	Cust Item ID:		
Required Date:	10/08/13	Req'd Qty:	4.00	<b>*4*</b>	Customer:		
Reference:							
Approvals:	Process Plan: <u>MLS</u>	Date: <u>13-10-13</u>	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC: _____	Date: _____	SPC (Y/N):	Date: _____	Stop		<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
110 <b>*110*</b> Mill Conv	HAAS CNC VERTICAL MACHINING #1 Conventional Milling Machine	0.00							
	Memo 1-Machine per DWG DWG REV: <u>N/C</u>		<i>ET</i>	<i>13/11/06</i>		<i>4</i>			
			<i>anf/MH</i>	<i>13/11/09</i>					
120 <b>*120*</b> QC	QC2- Inspect parts off machine FAI/FAIB Quality Control	0.00	<i>anf/MH</i>	<i>13/11/09</i>					
	Memo	0.00							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	<input type="checkbox"/>					
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	<input type="checkbox"/>					
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	<input type="checkbox"/>					
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	<input type="checkbox"/>					

**Work Order ID 108201****\*108201\***

Page 2

October-08-13 11:09:39 AM

Item ID: 646.3813

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Strut Bracket

Start Date: 10/08/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 10/08/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC	QC8- Inspect parts - second check	0.00				4			SL13-1111
Quality Control	Memo	0.00							
140 <b>*140*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							CZ13/1114 (Y)
Outsource process - Anodize	Memo	0.00							
	Issue P/O to ATG : <u>22038</u>								
	1- Black Anodize as per Dwg 646.3800								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Comformity is required								
150 <b>*150*</b> Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							RJ13/112 (Y)
Packaging	Memo	0.00							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## **WORK ORDER NON-CONFORMANCE / UPDATE**

**QA Closed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

**Work Order ID 108201**

**\*108201\***

Page 3

October-08-13 11:09:39 AM

Item ID: 646.3813

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Strut Bracket

Start Date: 10/08/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 10/08/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:	Stop		<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	DAS	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
155 <b>*155*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	27 9-89 B/2/2				4			

180 Identify as per dwg & Stock Location: ST S35 0.00

**\*180\***

Packaging

Packaging

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

4X 13-12-3

DAS

28

9-89

190

QC21- Final Inspection - Work Order Release 0.00

**\*190\***

QC

Quality Control

Memo

0.00

JF Rm 13/12/03  
ME  
13-12-03

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____  NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

# Picklist Print

October-08-13 11:09:39 AM

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Work Order ID: 108201

Parent Item: 646.3813

Start Date: 10/08/13

Required Date: 10/08/13

Parent Item Name: Strut Bracket

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6A0.75X0.75X0. 060X0.060		Purchased	No				f	0.0000		0.463158			
7075T6 ANGLE .75" X .75" X .060" X .062"W													

M 123947

184

Fk. 13/11/06

Could not pull mat'! ! !

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

DART AEROSPACE LTD	Work Order:	108201
Description:	Part Number:	
Inspection Dwg:	Rev:	Page 1 of 1

# **FIRST ARTICLE INSPECTION CHECKLIST**

Measured by:	<u>MH / am</u>	Audited by:	<u>JL</u>	Preliminary Approval:	
Date:	13/11/09	Date:	13-11-11	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03697				SHEET 1 OF 1	
	DWG NO. 646.3800	REV: N/C	PREPARED BY B. PETERS	DATE: 11/14/12		EFFECT ON DWG
	DWG TITLE: BRACKETS					<input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG <i>David Baker</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL.			ECR: D-12-006	

IS

⚠ PRIMARY MATERIAL: 7075-T651 ALUMINUM PER AMS-QQ-A-250/12.  
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

**SHEET 1, ZONE A2 IS:**

108Z01 M5  
13-10-10

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION							
DOCUMENTS EFFECTED:		RFMS	<input type="checkbox"/>	MDL	<input type="checkbox"/>	INSTALL INSTRUC	<input type="checkbox"/>	ICA	<input type="checkbox"/>	BOM	<input type="checkbox"/>	CHANGE CATEGORY	DER REVIEW REQUIRED
												<input checked="" type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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## NOTES:

 MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12

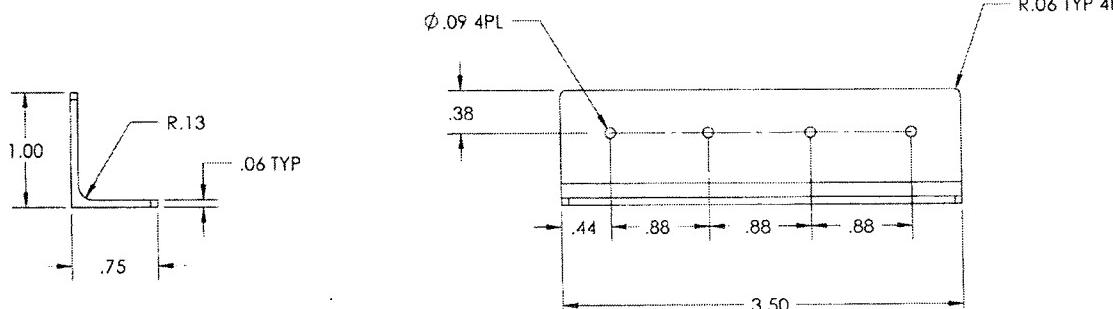
 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N

### 3. DEBURR AND BREAK ALL SHARP EDGES

**4. IDENTIFY IAW MPP-120**

108201

646.3810



UNINCORPORATED EDITION

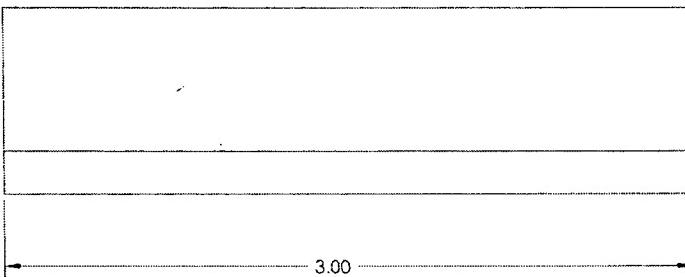
036a

QTY	FIND #	PART #	DESCRIPTION	MATL.	SPFC.
1	646.3814	WIFER BRACKET			
	646.3813	SIRUI BRACKET			
	646.3812	GUSSET BRACKET			
	646.3811	PADULUS BLOCK			
	646.3810	BRACKET			
PARIS LST					
<b>APICAL INDUSTRIES</b> 2656 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (750)724-5300 <b>BRACKETS</b>					

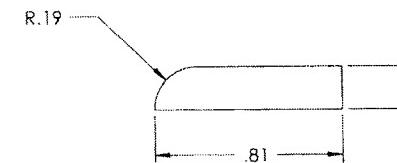
1 2 3 4 5 6 7 8  
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PIV	DESCRIPTION	DATE	APPROVED

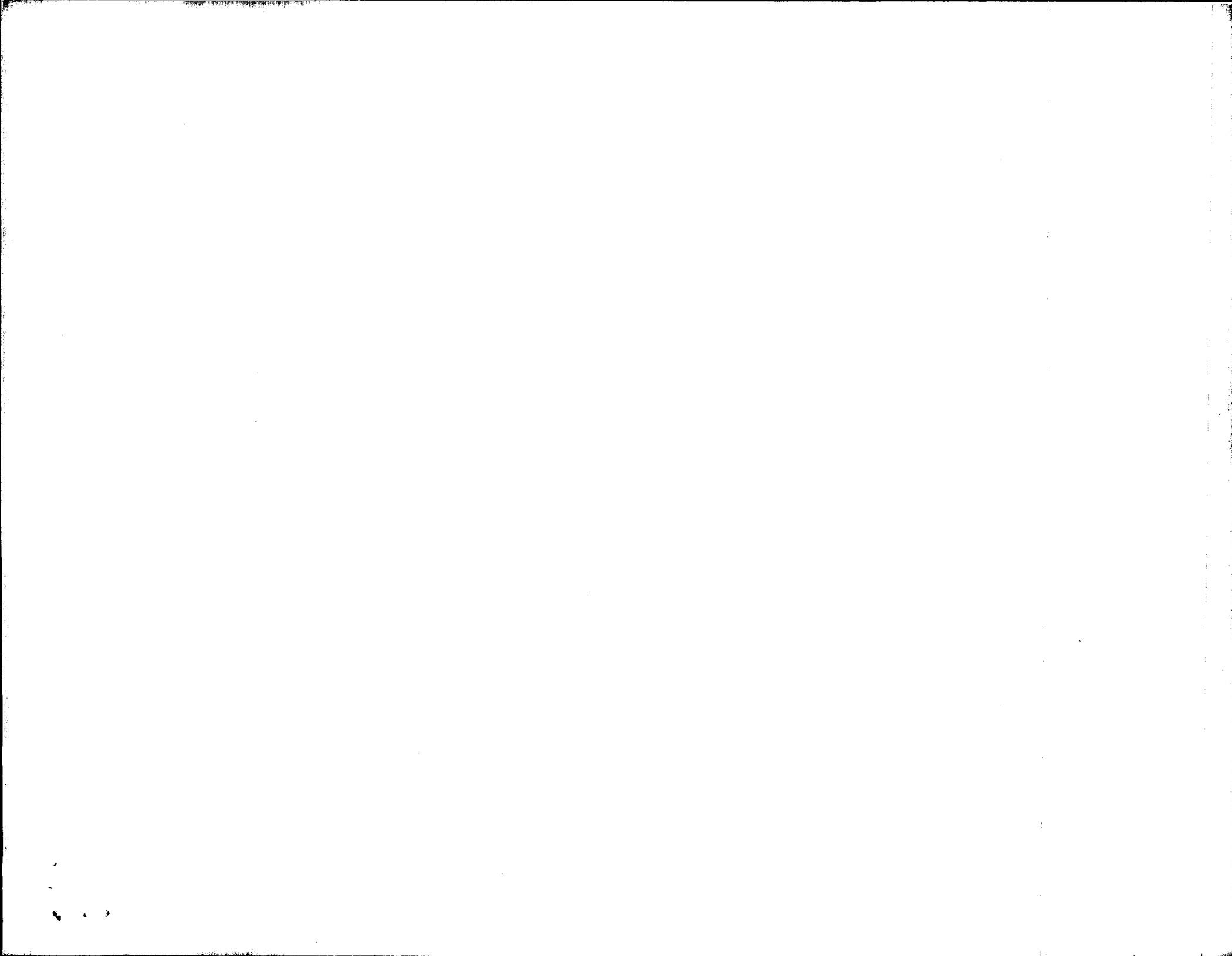
108201



646.3811



NEXT ASSY (S)	OPEN DATE DS 10-08 DRAWN BY S-SCHERF JIG/ASMR DRAWING APPROVAL	APICAL INDUSTRIES 2608 TEMPLE HIGHLIS DR. OCEANSIDE, CA, 92056-3912 (760)724-5300
	COMMENTS	BRACKETS
	UNLESS OTHERWISE NOTED DIMENSIONS ARE IN INCHES TOLERANCES ARE .010 TRACE GEOMETRIC TOLERANCE NOTES: 1. MATERIAL: 2016 ANGLES: 1.5°	SET CAGECODE DMC NO 646.3800 BY N/C
		SCALE: NONE SHEET 2 OF 5

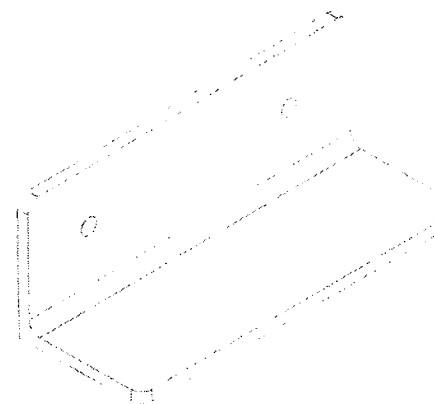
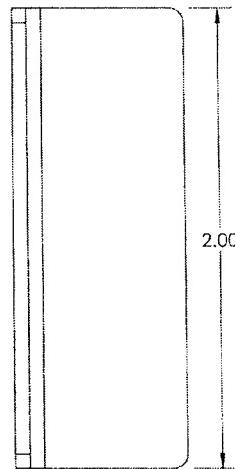


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REV	DESCRIPTION	DATE	APPROVED

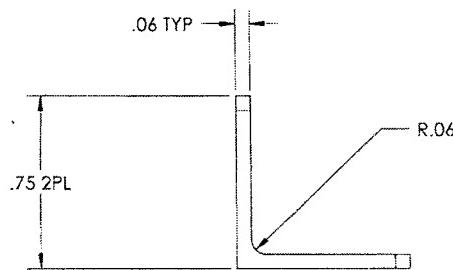
108Zer1

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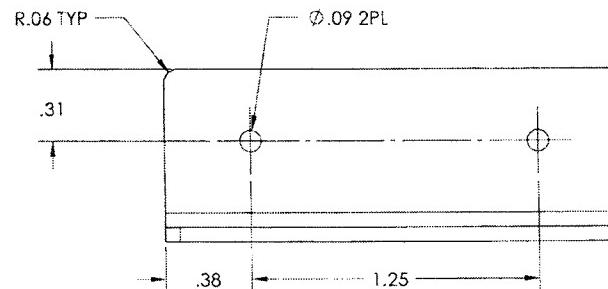


646.3812

B



C



D

NEXT ASSY (S)	OPENING DATE 04-19-08 DRAWN BY [Signature] J. CARPENTER DRAWING APPROVAL [Signature]	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA, 92056-3512 (760)724-5300
COMPUTER FILE	UNIVERSAL PAGE SPEC 00 DRAWING NUMBER: 646.3800 1 PLACE DECIMALS = 000 2 PLACE DECIMALS = 00 3 PLACE DECIMALS = 000 4 PLACE DECIMALS = 000	SPC CAGE CODE DNGL NO B 07M76 646.3800 N/C SCALE 1:ONE SHEET 3 OF 5



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2

3

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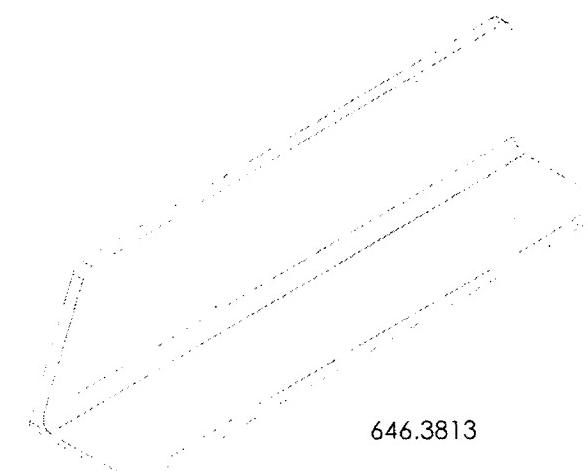
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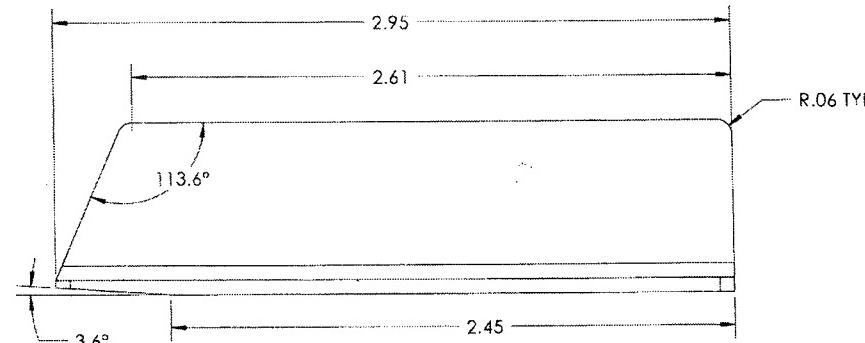
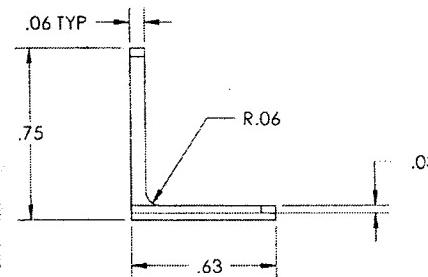
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REV.	DESCRIPTION	DATE	APPROVED

1082e1



646.3813



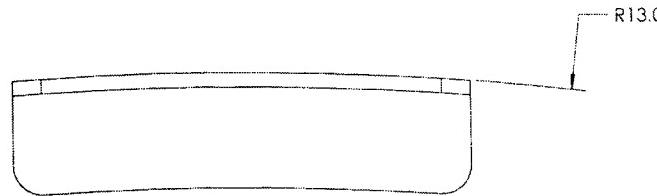
NEXT ASSY (S)	DRAWN BY	APICAL INDUSTRIES
	DATE DRAWN	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
SPKNS APPROVAL	SPKNS APPROVAL	SPKNS APPROVAL
COMPONENT	COMPONENT	COMPONENT
UNLESS OTHERWISE SPECIFIED DEVIATIONS ± .005 INCHES DEVIATIONS ± .005 MM 2 PIECE BRACKETS ± .010 3 PIECE BRACKETS ± .010 ANGLES ± 3°	REV. C CAGE CODE B 07426	DOC. NO. 646.3800 SCALE NONE N/C SHEET 4 OF 5

1 1 1 2  
3 4 4 5  
6 7 7 8

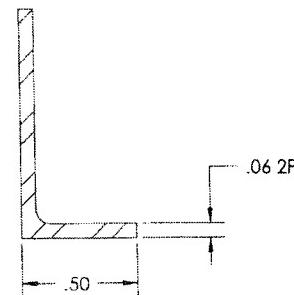
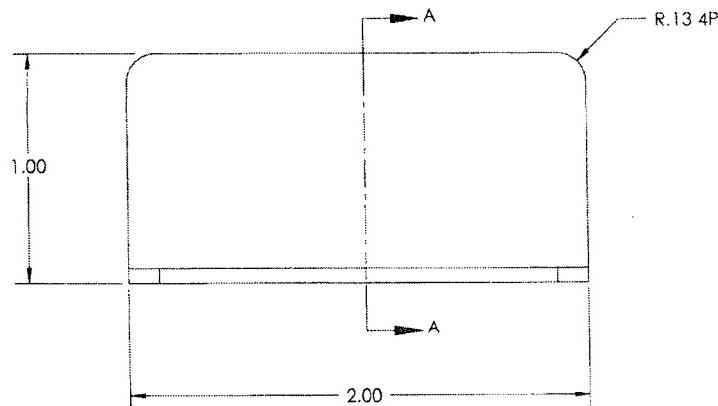
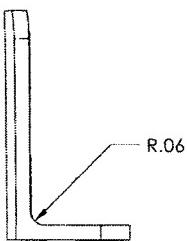
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SHEET		DESCRIPTION	DATE	APPROVED

1082e1



646.3814



SECTION A-A

NEXT ASSY IS:	ISSUED DATE: 08-19-98	APICAL INDUSTRIES
	DESIGNER: [Signature]	2608 TEMPLE HEIGHTS DR.
	TECHNICAL: [Signature]	OCEANSIDE, CA. 92056-3512 (760)724-5300
	SP. APPROVAL: [Signature]	
COMMENTS:		BRACKETS
		UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES
		2 PLACES BEYOND THE DECIMAL POINT ANGLE 1.5°
REV:	CHECKED BY: DWG NO: 646.3800	1/16
B	07/03/03	N/C
		SCALE: NONE
		1 SHEET 5 OF 5



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

Pack List

Number: 62765

Date: 02-Dec-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST Rev: 6 PCS 646.2910 (48.00) 4 PCS 646.3810 (6.55) 4 PCS 646.3812 (5.45) 20 PCS 646.3813 (6.10) 8 PCS 647.5710 (12.75) 10 PCS 649.5311 (20.15) 8 PCS 649.5312 (9.80) 3 PCS 647.1814 (6.90) 9 PCS 646.3813 (6.10) <i>S+4</i> 3 PCS 647.1815 (6.90) 29 PCS 647.9310 (18.00) 26 PCS 647.9315 (14.35) 20 PCS 647.9711 (14.50)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N Job: 20130745 PO: 22038 Line:
	Certificate of Conformance  A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY  DATE: <u>2/12/13</u>  CERTIFIED SIGNATURE: <u>M</u>  RECEIVER SIGNATURE: _____

